Δnr	dication	٥r	Docket	Number
$\Delta DL$	nication	OI.	DOCKEL	IAMILINE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

CLAIMS AS FILED - PART I							SMALL ENTITY		ITITY		OTHER THAN									
		(Column	(Column 1) (Column 2)		nn 2)		TYPE				L ENTITY									
TOTAL CLAIMS						F	RATE	FEE		RATE	FEE									
FOR		NUMBER FILED		NUMBER EXTRA		ВА	SIC FEE	355.00	OR	BASIC FEE	710.00									
TOTAL CHARGEABLE CLAIMS		23 minus 20=		• 3		,	X\$ 9=		OR	X\$18=	54									
INDEPENDENT CLAIMS			minus 3 =		5			X40=		OR	X80=	400								
MULTIPLE DEPENDENT CLAIM PRESENT						\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	<b>⊦135</b> =		OR	+270=										
* If the difference in column 1 is less than zero, enter "0" in column 2					T	OTAL		OR	TOTAL	1164										
CLAIMS AS AMENDED - PART II								·	_		OTHER	THAN								
(Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	SMALL	ENTITY								
ENT A		CLAIMS REMAINING AFTER AMENDMENT		NUM PRÉVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE								
AMENDMENT	Total	· 77	Minus	2	$\mathcal{O}$	= 2	:	X\$ 9=		ÖR.	X\$18=									
AME	Independent	NTATION OF M	Minus	***	CLAIM	5		X40=		OR	- X80=									
┞	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	1 CLAIM	السلط		+135=		OR	+270=									
							•	TOTAL		OR	TOTAL ADDIT. FEE									
l		(Column 1)	•	(Colu	ımn 2)	(Column 3)	AD	DIT. FEE			AUUII. FEE									
		CLAIMS	1		HEST	(Coldinii 3)			ADDI-	1		ADDI-								
AMENDMENT B		REMAINING AFTER AMENDMENT		PREV	MBER IOUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE								
NON	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=									
	Independent	*	Minus	***		=		X40=		OR	X80=	<u>.</u>								
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										<b> </b>										
							_ +	⊦135=		OR										
				•			AD	TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE									
		(Column 1)		(Colu	ımn 2)	(Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGI NUN PREV	HEST MBER IOUSLY FOR	PRESENT EXTRA	1	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NOW	Total	•	Minus	**		=	;	X\$ 9=		OR	X\$18=									
AME	Independent		Minus	***	T OL AIM	=		X40=		OR	X80=									
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDEN	II CLAIM			125-			+270=									
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE ADDIT. FEE ADDIT. FEE																				
1	The "Highest Nur	nber Previously Pa	ald For" (Total o	r Indepen	aent) is the	e nighest numbe	r tound	in the app	propriate bo	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										